## LOBBYING RECISTRATION FORM

To be used for initial registrations and renewals. Registrations expire on January 31 unless a renewal is submitted between December f and January 31.

| Print | 1  |        |    |       |
|-------|----|--------|----|-------|
| PFIDE | 10 | 170.00 | OT | DUDG: |

|                     | Ins   | tructions   |  | Postr<br>Pb                                | nark Date: 12 [18]         | 97_                |
|---------------------|---|---|--|--|----------------------------|--------------------|
| • Pr                | int in ink or type.   |   |  | 100  | 41.2                       | 111                |
| . C                 | emplote form, have it notarized a   | and return with \$10 regis  | tration fee to the                                       |  | 800                        |                    |
| B                   | pard of Ethics, 8401 United Pla   | aza Blvd., Suite 200 Bat  | on Rouge, LA   |  | 101                        | 81                 |
| 70                  | 809-7017, (504) 922-1400.   |   |  |  | k 2                        | i                  |
| • [n                | ltial registrations must be submi   | sted within 5 days of (1)   | employment as a  |  |                            | I                  |
| 10                  | bbyist or (2) first action requiris   | ng registration. Renewal  | s must be submitted                                      |  |                            | I                  |
| ь                   | stween December 1 and January   | 731.  |  | 188  | 10                         | - 1                |
|                     | 1.5   |   |  | 1  |                            | I                  |
|                     |   |   |  |  | £758                       | I                  |
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| 1 NA                | ME BOUDSTON   | Y-1/1/10  | /  | - L  |                            |                    |
|                     | Last/   | Floor   |  | \#   | 1500                       |                    |
|                     |   |   |  | 41   | 0.00 1980                  | 94                 |
| 2. BU               | SINESS PHONE (504) 5 4  | 6-6754  |  | 1 "1                                       | Alma i                     | 51 85%             |
|                     | Ares Code to  | nd Phone Number   |  |  | OFFICE                     | _                  |
|                     | 174   | 0   | 0 , 0  | -0 .01                                     | 1 11- 1                    | 393                |
| 3. BU               | SINESS ADDRESS F.O. C   | 80x 60350 , 90  | 4 fourthosa.   | NEWOOD                                     | 115 LH 1016                | 0                  |
|                     | Street and No   | a. ,  | City Stat  | e Zip                                      |                            |                    |
|                     |   |   |  |  |                            |                    |
| 4. EN               | PLOYER Burlingto  | OU RESOURCE   | 25/26:6  |  |                            |                    |
|                     |   |   |  |  |                            |                    |
|                     |   |   | V  |  |                            |                    |
|                     |   |   |  |  |                            |                    |
| 5. E.M              | PLOYER'S ADDRESS  | SAIN  |  |  |                            |                    |
| 5. EN               | IPLOYER'S ADDRESS   | Street and No.  | Chy  | State                                      | Zip                        |                    |
| 5. E.W              | PLOYER'S ADDRESS  |   | Chy  | State                                      | Zip                        |                    |
|                     |   | Street and No.  |  |  | 10305<br>102 - 102 - 10200 | more or            |
| 6. LIS              | T BELOW (a) Names of person   | Street and No.  ns, groups, or organization   | ons which you represe                                    | nt; (b) the address                        | of each such person, g     | roup, or           |
| 6. 1.15<br>ai       | T BELOW (a) Names of person<br>ganization you represent; (c) the  | Street and No.  ns, groups, or organization type of business each is                          | ons which you represe<br>sengaged in or the pu           | nt; (b) the address                        | of each such person, g     | roup, or<br>troup; |
| 6. 1.15<br>ai       | T BELOW (a) Names of person   | Street and No.  ns, groups, or organization type of business each is                          | ons which you represe<br>sengaged in or the pu           | nt; (b) the address                        | of each such person, g     | roup, or<br>group; |
| 6. 1.15<br>ai<br>(1 | T BELOW (a) Names of person<br>ganization you represent; (c) the<br>d) whether or not the client or so  | Street and No.  ns, groups, or organization type of business each is semeone else pays you to | ons which you represe<br>sengaged in or the pu<br>lobby. | nt; (b) the address<br>rpose or function o | of each such person, g     | roup, or<br>roup;  |
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| 6. 1.15<br>ai<br>(1 | T BELOW (a) Names of persor ganization you represent; (c) the figure of the client or so Name  Address  Business or purpose   | Street and No.  ns, groups, or organization type of business each is ameone else pays you to  | ons which you represe<br>sengaged in or the pu<br>lobby. | nt; (b) the address<br>rpose or function o | of each such person, g     | roup, or<br>group; |
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Lobbyist's Registration Number

FOR OFFICE USE ONLY

## LOBBYING REGISTRATION FORM



| Э.  | Name   | 1876_Ft           |
|-----|--|-------------------|
|     | Address  |                   |
|     | Business or purpose  | 20004             |
|     | Does this person pay you?  |                   |
|     | If No, who pays you?   | -                 |
| 4.  | Name   |                   |
|     | Address  | 2000 Sept. 198    |
|     | Business or purpose  |                   |
|     | Does this person pay you?  |                   |
|     | If No, who pays you?   | 25020             |
| 5.  | Name   | - As - 4444       |
|     | Address  |                   |
|     | Business or purpose  | 3063 151          |
|     | Does this person pay you7  |                   |
|     | If No, who pays you?   |                   |
|     | Dandero en se montropren socia   |                   |
| Sta | te of Louisiana  |                   |
| Pat | that Opleans   | F 2 1.            |
|     | fore me, the undersigned authority, personally came and appeared Phillip   |                   |
| dul | ly sworn by me, did declare and acknowledge to me that the above statement   | ~ ^               |
|     | Signature of Loopyist  | nath              |
|     | Signature of Loopyist  |                   |
| SW  | orn to and subscribed before me on this 45th day of  | 20020224-0202     |
|     | 0 1  | ATTACH<br>2" x 2" |
|     | Nellin K. Bonen  | PHOTOGRAPH        |
| No  | tagy Public  | HERE              |
|     | MY COMMISSION EXPIRES AT DEATH   | FOR<br>INITIAL    |
| Ker | V, KNV series a Translation in the Assessment of | REGISTRATION      |
|     | \$1  | ONLY              |



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